## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-27-2007</u>	Address:	CR 750 S West of SR 121	
Case #:	<u>41-18679</u>		Connersville	
County:	<u>Fayette</u>			
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (e	check all that apply)  If the importance of the	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents: Open   Water Reactive Metal (Lithium): Open   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base:   Other (item and location): Pseudoephedrine-Open				
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies the Fire Department: Glenwood  Health Department: Fayette County		☐ Ephodrine ☐ Retail/Me ☐ Other: <u>Lav</u> cies that serve the log Fax: N/A Fax: 765-82	Fax: N/A Fax: 765-825-7189	
	tion Service:	Fax:		
For further information regarding this methamphetamine laboratory, contact linvestigating Officer: <u>Jeremy Woods</u> Phone <u>1-800-761-2985</u>				

This form is to be included with the case tile, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.